

CONSENT FORM – Adult

(This form will be held for a period of 6 years)

Multiple case study of binocular treatment for childhood amblyopia using a handheld gaming device

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Co-investigators: Joanna Black, Tina Gao, Kathryn Sands, Lisa Silva

I have read the Participant Information Sheet for adult participants (Version 1), and I understand the nature of the research. I have had the opportunity to ask questions and have them answered to my satisfaction.

I agree to take part in this research.

I understand that I will need to attend an initial eligibility assessment at the University of Auckland Optometry Clinic. This assessment may include dilating eye drops.

I understand that I will need to wear up-to-date glasses or contact lenses full-time, every day, during the entire study.

I understand that if my vision improves from just wearing lenses to be better than the study inclusion criteria, then I will not need to receive the binocular movie treatment.

I understand that if I do receive the binocular movie treatment, I will be loaned a handheld Nintendo device to watch specially made binocular movies at home for 1 hour/day. Treatment will be continued until there is no further improvement in my vision or for up to 36 weeks, though I can choose to stop the treatment at any time.

I understand that the binocular movies will be tailored for my level of vision, so I should not share the device with anyone else.

I understand that I will be required to return the Nintendo device to the School of Optometry and Vision Science at the end of the treatment period.

I understand that I will be asked to attend follow-up visits at the University of Auckland Optometry Clinic at Grafton Campus every 6 weeks.

I understand that my participation, or not, is entirely voluntary and will have no impact on my clinical care at the University of Auckland Optometry Clinic and/or my relationship with the University of Auckland where relevant.

I understand that I am free to withdraw participation at any time without giving a reason, and to withdraw any data traceable to me up to 6 months after data collection.

I understand that the study results will be reported in way that does not identify me.

OPTIONS (please read each statement and tick if you agree)

I am happy for the research team to obtain clinical details from my eye-care professional.

Clinician's name: _____

Clinic: _____

I wish to receive a summary of findings once the study finishes, please send this to me at this email address: _____

Participant's Name: _____

Signature _____ Date _____